

State of Nevada

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- 825 **FILE**
JAN 11 2005
CERTIFIED
DEAN HELLER
SECRETARY OF STATE
FOR OFFICE USE ONLY

- ☒ **Annual Filing – Due January 15, 2005**
Period: January 1, 2004 – December 31, 2004
* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTINUATIONS SUMMARY

Criminal
 Non-Expendable
 Capital Budget
 General Fund
 Capital
 Recording
 Period


- | | | |
|---|---------|----------|
| 1. Total Monetary Contributions Received in Excess of \$100 | 5788.60 | 35010.16 |
| 2. Total Monetary Contributions Received of \$100 or Less | Ø | 100.00 |
| 3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2) | 5788.60 | 35110.16 |
| 4. Total Value of In Kind Contributions Received in Excess of \$100 | Ø | Ø |

EXPENSES SUMMARY

- | | | |
|--|--------------|----------|
| 5. Total Monetary Expenses Paid in Excess of \$100 | 6776.34 | 29630.57 |
| 6. Total Monetary Expenses Paid of \$100 or Less | 0 | 3550. |
| 7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6) | 6776.34 | 33180.57 |
| 8. Total Value of In Kind Expenses in Excess
of \$100 | 0 | 0 |

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.


Signature

1-6-05
Date

Report Period # 3

District (if applicable)

Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

[illegible]

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P.O.R.A.N.

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	(10) 17
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

P.O.R.A.N.

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100
 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION TO WHOM THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (SEE INSTRUCTIONS)	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Ron Dreher Campaign P.O. Box 40502 Reno, NV. 89504	J	10-22-04	500. ⁰⁰
PORAC 4010 Truxel Rd Sacramento, CA. 95834-7727	H	10-23-04	350. ⁰⁰
Ron Dreher P.O. Box 40502 Reno, NV. 89504	F	11-23-04 11-21-04 11/23/04	1161.55
II	F	12-1-04	1,000. ⁰⁰
Feature Awards Sparks, NV. 89431	B	12-2-04	54. ⁵⁰
Stephen Turner 3414 Forest View Ln. Reno, NV.	B	12-2-04	1620.37
Kelley Reynolds 555 Washington #3900 L.V., NV.	B	12-2-04	761. ⁸⁴
II	B-	12-14-04	293. ⁸⁴
Paul Villis P.O. Box 40415 Reno, NV. 89504	B	12-21-04	1034.22

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